

Work Order ID 91594

October-17-12 9:47:56 AM

91594

Page 1

Item ID: D3166-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Basket Hoop

Start Date: 10/11/12 Start Qty: 6.00

16 *6*
6

Cust Item ID:

Required Date: 10/19/12 Req'd Qty: 6.00

Customer:

Reference:

Approvals:	Process Plan:	H	Date: 10-10-12	Tooling:	Date:	Run	Start	*NR1*
	QC:		Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
D3166	Rev A1								
100		0.00							
100	Skidtubes								
Large Fab	Memo	0.00							
Large Fab	Cut 3/4" x 3/4" square tubing 60.00" long.								

16 SAD 12-12-12

110		0.00							
110	BENDING MACHINE - SKIDTUBES								
CNC Bend I	Memo	0.00							
CNC Delta 100 Bender	Form D3166-1 Basket Hoop as per Dwg D3166 using Bending program 350 BASB, and folio 18.								

16 SAD 13-01-10

120	QC6- Inspect dimensions to drawing	0.00							
120	Memo	0.00							
QC	Inspect Basket Hoop dimensions with template D3166-1-T1 (DT8302)								
Quality Control									

16 SAD 13-01-10

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other					

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Page 2

Item ID: D3166-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Basket Hoop

Stop

NS2

Start Date: 10/11/12 **Start Qty:** 6.00

6

Cust Item ID:

Required Date: 10/19/12 **Req'd Qty:** 6.00

6

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

**Sequence ID/
Work Center ID**

**Operation
Description**

**Set Up/
Run Hours**

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

Identify as per dwg & Stock Location:

0.00

130

Packaging

Packaging

Basket cell

Memo

0.00

13.01.10

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Quality Control

Memo

0.00

13/1/14 MF

*MF
13-1-10*

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS											
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>									
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>									
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>									
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
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Equip/Tooling															
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FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
														<input type="checkbox"/> Other	

Picklist Print

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Page 1

Work Order ID: 91594

Parent Item: D3166-1

Start Date: 10/11/12

Required Date: 10/19/12

Parent Item Name: Basket Hoop

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP A02.08.23 New issue KJ

IPP: B 08.12.05 Updated bending program on step 3 per NCR W/O43165 KJ Verified by: EC

IPP Rev:C 09-01-23 as per DEO D3166-A2 DD verified by: EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304TS0.750W.065 304 SQ Tube .75x.75x.065W		Purchased	No			100	f	2,114.8424	5	31.578947	SAD	12-12-12	

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT	191.737	
112398	0	
122051	191.737	
MAT017	932.632	
122468	932.632	
MAT018	990.4734	
123303	949.4734	
7636	41	

→ 89,3107

NCR: Yes / No

DQA: _____ Date: _____

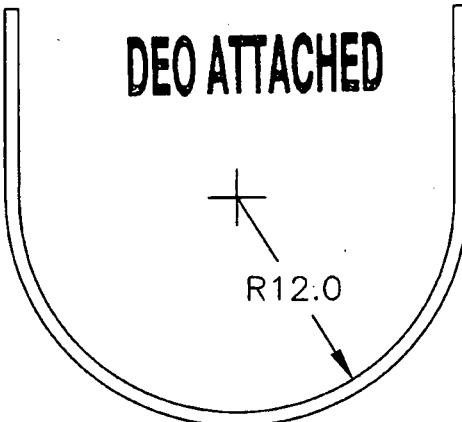
WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS					
		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
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Doc/Data									
Equip/Tooling									
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				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other					

DART

DESIGN #	DRAWN BY CP	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED #	APPROVED #	DRAWING NO. D3166	REV. A SHEET 1 OF 1
DATE 02.07.10		TITLE BASKET HOOP	SCALE NTS
A	02.07.10	NEW ISSUE	
A1	04.04.08	38+/-1 MAs 36.0	

RELEASED
02.08.06**DEO ATTACHED**

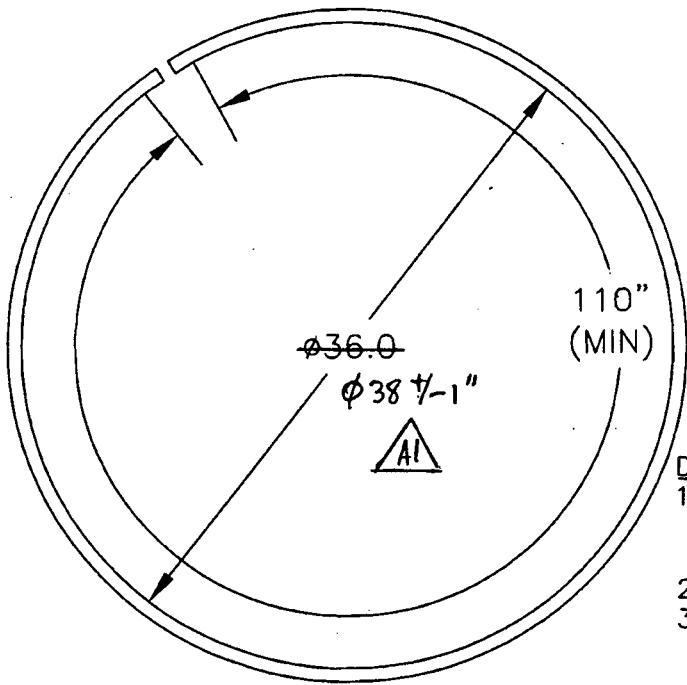
10.6 (REF, NEED 8.0 MIN)

91594

PL12-10-17

D3166-1 BASKET HOOP

- 1) MATERIAL: AISI 304/316 SS SQUARE TUBING,
0.75" x 0.75" x 0.063 WALL, 60.00" LONG
(REF DART SPEC. M304TS0.750W.063)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS
OTHERWISE NOTED

110"
(MIN)D3166-3 BASKET HOOP

- 1) MATERIAL: AISI 304/316 SS SQUARE TUBING,
0.75" x 0.75" x 0.063 WALL, 120.00" LONG
(REF DART SPEC. M304TS0.750W.063)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS
OTHERWISE NOTED

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OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.

DRAWING NO. D3166	TITLE BASKET HOOP	REVA1	DART AEROSPACE LTD ENGINEERING ORDER	D.E.O. NO. D3166-A-2	SHEET NO. 1 OF 1	SCALE NTS
DRAWN AJS	CHECKED <i>M</i>	MFG. APPR. <i>M</i>	APPROVED <i>M</i>	DE APPR. <i>M</i>		
DATE 08.12.11	DATE 08.12.15	DATE 08/12/15	DATE 08/12/16	DATE 08.12.16		

1) MODIFY MATERIAL NOTE FOR D3166-1 AS SHOWN:

IS:

1) MATERIAL: AISI 304/316 SS, 3/4 X 3/4 X 0.065 WALL SQUARE TUBING,
60.00" LONG
REF. DART SPEC M304TS0.750W.065

WAS:

1) MATERIAL: AISI 304/316 SS SQUARE TUBING,
0.75" x 0.75" x 0.063 WALL, 60.00" LONG
(REF DART SPEC. M304TS0.750W.063)

91594

2) MODIFY MATERIAL NOTE FOR D3166-3 AS SHOWN:

IS:

1) MATERIAL: AISI 304/316 SS, 3/4 X 3/4 X 0.065 WALL SQUARE TUBING,
120.00" LONG
REF. DART SPEC M304TS0.750W.065

WAS:

1) MATERIAL: AISI 304/316 SS SQUARE TUBING,
0.75" x 0.75" x 0.063 WALL, 120.00" LONG
(REF DART SPEC. M304TS0.750W.063)

RELEASED
08/12/16 M

REASON: SEE PAR 08-005